PTO/SB/22 (06-09) Approved for use through 06/30/2009. OMB 0651-0031
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 UV/064 Cont. (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/821,450 April 10, 2004 **Application Number** Filed PROGRAM GUIDE SYSTEM WITH TARGETED ADVERTISEMENTS BASED ON FUNCTION BUTTONS AND NON-PROGRAMMING OPTIONS Art Unit 2421 J. P. Salce Examiner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** <u>Fee</u> \$65 One month (37 CFR 1.17(a)(1)) \$130 othe (27 CED 1 17(e)(2)) **#** 400 ФО 4 Г

		Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$_		
	Х	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	1,110.00	
		Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
		Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_		
	Appl	icant claims small entity status. See 37 CFF	R 1.27.				
	A ch	eck in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.						
Х	The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number06-1075							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
l am	the	applicant/inventor.					
assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is							
		X attorney or agent of record. Regist	ration Number	L0381	_		
		attorney or agent under 37 CFR 1.3					
		/Regina Sam/		September	— · 24. 20	009	
_	Signature Regina Sam			Date			
_				(617) 951-7814			
Typed or printed name Telephone					Numl	oer	
NOT	E: Sig	natures of all the inventors or assignees of record of the entire	e interest or their repres	sentative(s) are required. Subr	mit multip	le forms if more	

than one signature is required, see below.

Total of

forms are submitted.